

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. **88**
Registered No. **212**

1. PLACE OF BIRTH

County **Gila** State **Arizona**
Township **Claypool** or Village **Cottonwood Street**
City **Claypool** No. **10** Ward **1**
(If birth occurred at a hospital or institution, give its NAME instead of street and number)

Full name of child **Gene Cooper**
Sex **Male** If plural births **No**
4. Twin, triplet, or other **No** 6. Premature **No** 7. Legitimate **Yes**
8. Date of birth **Sept 25, 1932**
(Month, day, year)

9. Full name of FATHER **Gene Cooper**
18. Full maiden name of MOTHER **Claver Cooper**

10. Residence (usual place of abode) **Claypool**
19. Residence (usual place of abode) **Claypool**

11. Color of child **White** 12. Age at last birthday **22** (Years)
20. Color of mother **White** 21. Age at last birthday **22** (Years)

13. Birthplace (city or place) **Oklahoma**
(State or country)
22. Birthplace (city or place) **Maize, Kansas**
(State or country)

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work March 1932	25. Date (month and year) last engaged in this work March 1932
17. Total time (years) spent in this work 19	26. Total time (years) spent in this work 19

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living **1** (b) Born alive but now dead **0** (c) Stillborn **0**

28. If stillborn, period of gestation **9 months** 29. Cause of stillbirth **Before labor**
(months or weeks) **During labor**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report **137-905-339** (Date of) **Oct 10, 1932**

Address **Maize, Kansas**
Filed **Oct 10, 1932**
Registrar **W. E. Smith**

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
RETURN must be made for each.